AoA Alzheimer's Disease Demonstration Grants to States Project

FINAL INDIANA REPORT

January 31, 2005

Patty Matkovic, Project Director
Indiana Bureau of Aging and IN-Home Services
402 West Washington Street, Room W454, MS 21
Indianapolis, IN. 46207-7083
(317) 232-7132
Patricia.Matkovic@fssa.in.gov

AoA Alzheimer's Disease Demonstration Grant to States Project
FINAL INDIANA REPORT

TABLE OF CONTENTS

AoA Alzheimer's Disease Demonstration Grant to States Project

FINAL INDIANA REPORT
Report Period: July 1, 2001 - December 31, 2004

I. MAJOR ACTIVITIES AND ACCOMPLISHMENTS

A. Introduction:

The Bureau of Aging and In-Home Services (BAIHS) administered the Indiana Alzheimer's Disease Demonstration Grant to States (ADDGS) program, advised by the Indiana Governor's Task Force on Alzheimer's Disease and Related Senile Dementia. BAIHS, the State Unit on Aging, is part of the Indiana Family and Social Services Administration's Division of Disability, Aging and Rehabilitative Services. The first priority of the grant was to develop models of assistance for persons with Alzheimer's disease and their families. This was addressed by two direct services projects, both of which targeted rural, low-income and minority populations: providing grant participants with attendance at adult day services, and piloting an innovative, electronic respite program that used in-home video cameras. The second grant priority was to improve the responsiveness of the existing home and community based care system for persons with Alzheimer's Disease and related disorders and their families by improving the quality of care given at adult day services through training staff on the care of persons with Alzheimer's Disease. Another priority was to educate social service professionals, and rural, low-income, and minority populations and caregivers on the diagnosis and care for Alzheimer's Disease. The final objective of the grant was to evaluate the outcome and impact of the grant projects. This report summarizes the three and one-half years of activities on the grant projects.

B. Objectives and Activities:

Objective 1. To develop models of assistance for persons with Alzheimer's Disease and their families and provide direct services by enhancing attendance at Adult Day Services.

a. Adult Day Services Activities:

Initially, Indiana contracted with two Area Agencies on Aging (AAA) to complete this grant project: Area 9 In-Home and Community Services Agency in Richmond, IN., and Area 13, Generations, in Vincennes, IN. Both of these AAAs are affiliated with universities and have predominately rural populations: Area 9 and Indiana University in east central Indiana; and Area 13 and Vincennes University in west central Indiana. Both of these AAAs offered an innovative program consisting of attendance at adult day services, an array of support services for clients and caregivers, round trip transportation to the adult day services, home health aides or attendants to assist in dressing and bathing, case managers, and vouchers to pay for the adult day care services. Both AAAs targeted a 50/50 mix of persons currently on the state-funded Community and Home Options to Institutional Care for the Elderly and Disabled Program (CHOICE), and persons not covered by the CHOICE program. Finally, both AAAs considered their grant activities as an extension of their normal operation and did not hire additional staff.

On October 1, 2001, Indiana adopted new statewide standards prescribing three levels of care and three rates of reimbursement for adult day services. Clients receiving day care service vouchers were selected from the following three levels of care: Level 1 reimbursed at $41.80 per 8-hour day, Level 2 reimbursed at $54.86 per 8-hour day, and Level 3 reimbursed at $65.32 per 8-hour day. Each

AAA intervention package for the grant also included $750 for a home health aide or attendant care for every client involved in the project. As the AAAs began to assess potential clients, it became obvious that some clients needed the more expensive level of care. Area 13 revised its estimate of the number of clients it could serve as many of them needed provisions at Level 3. However, after Area 13 had successfully completed its first year of participation in the grant by providing adult day services to six clients, it discontinued its involvement, leaving two years of grant funds to be divided among the remaining direct services participants: Area 9 and Area 16.

Area 9 provided services for clients in its catchment area which included 5 counties and 3 adult day services centers. It designed a package for attendance at adult day services to include transportation and home attendant services, and created a separate waiting list of potential grant participants to speed up the process of enrolling clients in the project. Area 9 also developed an internal monthly monitoring system and a utilization report which tracks hours of attendance at adult day services and expenditures. The entire project was case-managed, with respective agency case managers also conducting a 90 day follow-up assessment on each client.

During the final quarter of the grant, Area 9 had provided attendance at adult day services to 9 persons at a monthly average cost of $7,299.84 for this period. The utilization figure was 55.15% for the final quarter with statistics ranging from 25% to 100% use. Although Area 9's contract for the grant ended on December 31, 2004, it is continuing adult day services for the six persons who remained in the program, paying for it through CHOICE funds. The rest of the grant participants were deceased or had left the project due to admission to nursing homes.

b. Accomplishments:

A total of 16 persons were provided with adult day services attendance packages by Area 9 during the 3 1/2 years of the grant. One person also received services from a home health aide, and 21 clients received case management services. Throughout the grant period, Area 9 reported no problems but just continual favorable comments from satisfied caregivers. In many instances, having access to adult day services prevented or delayed nursing home placement, and provided to be more cost effective.

The following statistics give information on the cost of Area 9's project:

- ★ Total cost of Level 1 care was $42,220.62 for 5 persons ($8,444.12 per person).
- ★ Total cost of Level 2 care was $103,752.09 for 12 persons ($8,646.01 per person)
- ★ Total cost of Level 3 care was $24,364.32 for 3 persons ($8,121.44 per person)
- ★ Total expenditure was $170,337.03 for 16 (unduplicated) persons.
- ★ Total cost of transportation was $35,415.60 for 12 persons ($2,951.30 per person)

Objective 2. To provide an innovative model of electronic in-home respite using video cameras.

a. Video Monitoring Activities:

Area 16 partnered with Guardian Medical Monitoring Inc., a private company headquartered in Southfield, MI., to implement this pilot project, the "Virtually There Care Program". Located in Evansville, IN., Area 16 or the Southwestern Indiana Regional Council on Aging, Inc. (SWIRCA) serves six counties in

southwestern Indiana. An offshoot of Independent Technology, a firm that develops and markets security and detection devices, Guardian Medical Monitoring (GMM) is actively engaged in expanding its products and services to create a broad array of monitoring devices to support caregivers. The project at SWIRCA used a novel blend of technology adapted from residential security and telecommunications applications and applied in homes of persons with Alzheimer's Disease to provide respite to families.

As a pilot project for both SWIRCA and GMM, protocols had to be established for each component, including assessment and monitoring. As a cooperative effort, both SWIRCA and GMM developed assessment protocols. SWIRCA staff nurses assessed prospective clients, and the General Manager of GMM, also a nurse, was closely involved with the project. After potential clients were identified, the assessment protocol required an Area 16 staff member and an agent from GMM to jointly visit them. Because of the innovative nature of this project, SWIRCA's Director of Case Management and GMM's General Manager did all of the assessments during the first two years of the grant. They assessed for different issues: SWIRCA assessed the eligibility of the client, and the appropriateness of the client and family for video monitoring; GMM assessed the feasibility of using electronic monitoring equipment to monitor the clients, and the feasibility of installing the equipment in the home. Computer training was provided to caregivers who chose to monitor clients, and instructions were given to clients on using the equipment installed in their homes.

Up to four video cameras were installed in homes of clients with early stage Alzheimer's Disease. These cameras were positioned discretely and could be adjusted so that multiple rooms, and even outside areas such as decks and walkways, could be viewed. Door alarms, motion detectors (floor mats), personal emergency response systems (bracelets and buttons) were also used, and a few clients were provided with medication dispensers equipped with audio reminders to take their prescription medicine, and alarms when the electrical power failed.

Monitoring was done by family members, caregivers, and paid monitors. Several family members monitored their relatives with Alzheimer's Disease from their computers at work or at home, and one family caregiver living in Kentucky monitored his relative in Evansville from his home. SWIRCA contracted with the Need-A-Nurse Home Health Agency to monitor several clients. The home health agency designated a computer, keyboard and mouse for each client it monitored. Four emergency contact numbers were listed beside each computer and, every 15 minutes, the staff member monitoring the client recorded notes about the person’s activities.

b. Accomplishments:

Thirty-nine families were provided with electronic monitoring during this 3 1/2 year project. Twenty-three of the 39 clients were monitored by family members. Fourteen were monitored by paid monitoring staff from the Need-A Nurse Home Health Agency or the Guardian Medical Monitoring Company. Two clients were assisted by Personal Emergency Response systems or medication dispensers. All of the clients assisted had an Alzheimer's or related diagnosis and were in the early to mid-stage of the illness. Clients in the more advanced stage of Alzheimer’s Disease were not able to live as independently as persons with the earlier stages of the disease.

Beginning 3 1/2 years ago from a small number of clients who were skeptical and wary of the technology, and hesitant about installation of computers and cameras

in their homes, SWIRCA now has a waiting list for this service. Less computer training is required by families and more of them are realizing that, in a mobile society, new technology can ease the burdens of caregiving. From a small group of clients monitored off-site for a select number of hours daily, the project now involves more clients and includes evening and week-end monitoring provided by the Need-A-Nurse Home Health Agency. As a participant in Indiana's second ADDGS grant, SWIRCA will modify and expand its project to include medical monitoring and the use of medication dispensers, blood pressure and weight monitors. Area 9 will also begin a video monitoring project of its own in conjunction with Guardian Medical Monitoring, Inc., with SWIRCA providing technical assistance.

For families involved in the project the benefits of video monitoring include:

- ★ Allowing family members to monitor their relatives as frequently as necessary from their homes or workplaces.
- ★ Giving family members a sense of security about their family members who live alone.
- ★ Preventing health crises. In the three years of the grant, many crises were avoided through use of video monitoring, such as the situation with the client who suffered a stroke that was immediately detected by his caregiver who called 911 from her monitoring site. Physicians commented that the quick response prevented significant damage from the stroke, possibly even death. They released the patient from the hospital only after the assurance was given that video monitoring would continue.
- ★ Providing families with much needed respite enabling them to continue with caregiving for a longer period of time.
- ★ Delaying or preventing nursing facility placement for clients, thereby preserving their independence and quality of life.

Objective 3. To improve the responsiveness of existing in-home/community based systems by educating staff of adult day service centers to care for persons with Alzheimer's Disease and Related Dementia.

The Adult Day Care of Richmond (ADCR) was contracted for the first year of the grant to enhance the use of adult day services and to provide education to the staff of these agencies. The Executive Director of the ADCR, a registered nurse, served as the Outreach Coordinator for the education project. Regarding the training qualifications of the ADC of Richmond, staff had already completed 2 training series: the 32-hour training for certification in the care of Alzheimer's Disease clients, and the 16-hour Pieces of the Puzzle training. The day care center also had 2 qualified master trainers on staff that had previously trained adult day services staff. ADCR and Heather Marchino of Area 13 developed a culturally sensitive dementia training protocol for adult day services staff, home health agency workers and informal caregivers. The approach included input from clients and their families in the decision-making process of the staff. It introduced staff to innovative environmental approaches to Alzheimer's Disease care including concepts from the Eden Alternative which has received national attention.

a. Outreach Activities:

The Adult Day Care of Richmond held a series of outreach meetings in the community to disseminate information on its grant project: three meetings to a community serving an increasing Latino population; one meeting to an organization serving primarily Afro-Americans; and one meeting for grandparents

raising grandchildren in a population composed primarily of Afro-Americans and Latinos. The project was also advertised to clients verbally and through print materials.

b. Training Activities:

Staff of the 3 adult day centers in Richmond, and the 4 adult day centers in Vincennes were invited to the training sessions. The goal of ADCR was to have as many persons as possible take the trainings, pass the required examinations and become Certified Program Assistants.

- ★ Provided 32-hour trainings for staff of adult day centers in Richmond and the Vincennes areas in March, May and August, 2002. At least 25 staff completed all the training protocols and progressed to the next step of being tested by the State Association of Adult Day Services. 8 staff members of the ADCR were tested in Indianapolis and became Certified Program Assistants.
- ★ Provided training on handling seizures in Alzheimer's Disease patients to 24 Richmond adult day center staff.
- ★ Continued the training of the Richmond adult day center staff on sensitivity and environmental issues. Other adult day center staff in the area completed "Pieces of the Puzzle" training.
- ★ Planned and help conduct the first Alzheimer's Disease Memory Walk in Richmond.
- ★ Developed a multidisciplinary training program entitled "For Those Who Care" with the assistance of Heather Marchino of Area 13, and provided the training to adult day center staff in Vincennes, IN.
- ★ Provided "Therapeutic Values" training on the use of activities or interventions used on a daily basis to 13 adult day services employees.
- ★ Provided adult CPR and basic first aid training to adult day services program aides.
- ★ Gave a day-long Alzheimer's Disease "Caregiver Workshop" at the Wayne County Extension Office for the families of persons with the disease.
- ★ Provided 2 trainings for registered nurses at Reid Memorial Hospital, and one training for nursing students at Indiana University on Alzheimer's Disease.
- ★ Partnered with the Eastern Indiana Alzheimer's Disease Association to sponsor talks by a physician and an elder-law attorney on "Alzheimer's Disease: an Overview", and "Legal Issues Surrounding Alzheimer's Disease" for attendees at an Alzheimer's Disease Caregiver's Dinner.

ADCR also provided training on transportation which is a huge issue in this predominantly rural area with the highest population or persons aged 65+. Richmond, IN. is located in Wayne County which has a senior population of 17% compared to 12% in other east central Indiana counties:

- ★ Provided training for the Aged and Disabled, and Developmentally Disabled Medicaid Waivers on transportation issues related to dementia.
- ★ Gave a program entitled "Transportation in Wayne and Union Counties - the Present and the Future" that provided specialized training on transportation issues related to Alzheimer's Disease and the disabled.
- ★ Collaborated with the Indiana Department of Transportation to provide 8-hour Passenger Assistant Training for program aides, drivers and adult day center staff involved in client transportation.
- ★ Worked with County Transportation Initiatives for the Disabled/Elderly (CTI) to enable staff of independent living centers and adult day care centers to complete a long-term, multi-county training on the transportation of the disabled and elderly.

c. Accomplishments:

- ★ Dramatic rise in the average daily attendance at the Adult Day Care of Richmond due to new clients participating in Area 9's ADDGS grant, and past clients who returned to the adult day center because of the grant. For an eight to ten year period, the average daily attendance at the facility was 20 persons. The ADCR project ran from Jan. 1- Dec. 31, 2002, and attendance peaked in 2003 to 41 persons. Unfortunately economic factors affect attendance which has dropped slightly to an average daily attendance of 35.4 persons in 2004. However, attendance is still much higher than before the ADDGS grant.
- ★ Development of an innovative multidisciplinary training from the grant called "For Those Who Care" which will be used for future adult day services staff trainings and is presently being used in Ohio.
- ★ Presentation on applying the Eden Alternative to adult day care at the following conferences: National Adult Day Services Association Conference, Miami, FL. Jan. 31-Feb. 2003; American Society on Aging / National Council on Aging Conference, Chicago, IL., Mar.13-16, 2003. During the grant contract, Beverly Garnet, the Executive Director of the ADCR, completed training as an Eden Associate and ADCR is now an official Eden site. Although the Eden Alternative activities were not specifically part of the IN ADDGS grant, they resulted from ADCR's grant participation and affected two goals of the Indiana grant: to train adult day center staff and expand services.

Objective 4. To educate residents in rural, low-income and/or minority areas about the symptoms and treatment of Alzheimer's Disease.

a. Indiana Association of Area Agencies on Aging Education Institute Project:

The Indiana ADDGS grant included education projects that were implemented by two contractors, one of which was the Indiana Association of Area Agencies on Aging (IAAAA) Education Institute that focused on educating health and social service professionals, and reaching the elderly, non-mobile population of the state.

1) Education of Health and Social Service Professionals:

The Education Institute conducted Alzheimer's Disease track sessions at Case Management Conferences in May, 2002, July 2003, and July 2004. Each Conference offered a minimum of 5 sessions on Alzheimer's Disease, and a total attendance of approximately 1200 case managers benefited from attending such sessions as: dementia versus depression; interviewing persons with dementia; guardianship resources; Alzheimer's Disease sensitivity; Alzheimer's Disease in the developmentally disabled; financial and legal issues for families of persons with Alzheimer's Disease; use of electronic monitoring for respite (presented by Area 16); care of the dying patient with dementia; presentation of the film entitled "The Forgetting"; understanding sensory changes; and person-centered planning for dementia clients.

IAAAA also conducted other workshops for professionals.

- ★ 28 persons attended a one-day conference on August 2002 on end of life and mental health issues for caregivers of persons with Alzheimer's Disease. Caregiver coordinators of the National Family Caregiver Support Program, service coordinators at senior housing projects, and case managers benefited from sessions on how to begin communication

about end of life issues, the role of hospices, and the relationship between caregiver stress and mental health issues.

- ★ 44 persons attended a May 2003 workshop on Alzheimer's Disease in persons with developmental disabilities. Attendees learned about developing activities to facilitate memory in patients with the disease and about the role of complementary therapies. They also received resource materials to help with problem behaviors.
- ★ 39 persons attended the October 2003 IAAAA sponsored "Memory Matters and a Little Straight Talk" training by Susan Wehry, M.D., from the Vermont Department of Mental Health Services. Attendees which included AAA staff, nurses from the Visiting Nurse organization, case managers, and social workers, learned about the materials developed by the Council of Vermont Elders and the Vermont Department of Mental Health and Developmental Disabilities on the aging brain, memory loss, polypharmacy, and substance abuse in the elderly. Each participant received the following videos: Memory Matters (aging brain and signs of dementia), Muriel's Mishaps (poplypharmacy), and Let's Talk Wild Turkey (substance abuse, particularly alcohol abuse).
- ★ Because of the overwhelming positive response to this training, IAAAA purchased complete sets of the training videos for all 16 AAAs to use in outreach efforts, and supported the AAAs who participated in the training session with a stipend to cover outreach meetings costs. From December 2003 to June 2004, the Area Agencies on Aging scheduled 64 presentations that were attended by approximately 700 persons. Three AAAs offered regional conferences on Alzheimer's Disease that were attended by a total of 100 persons.
- ★ 20 persons from the African American community attended the June 2003 workshop that IAAAA targeted to African American caregivers and family members of persons with Alzheimer's Disease. The program focused on the needs of the African American community regarding loss and the grieving process.

2) Education of Elderly, Non-Mobile Persons:

The second component of the IAAAA's education project focused on the elderly, non-mobile population of the state.

- ★ 22,000 flyers entitled *10 Warning Signs* were made available to Indiana's 16 AAAs for distribution with all home delivered meals and at all congregate meal sites. AAA Caregiver Coordinators, and Information and Assistance Staff also sent flyers to support groups and to the general public.
- ★ 10,000 educational booklets on Alzheimer's Disease were distributed to the AAAs to disseminate locally. IAAAA purchased 2000 copies each of the following 5 booklets for the AAAs to give out at meal sites, health fairs, caregiver support meetings, and information and referral activities: A*bout Memory Loss*, *About Dementia*, *About Alzheimer's Disease*, *About Caregiving*, and *When a Love One Has Alzheimer's Disease*.
- ★ Approximately 300 letters and registration brochures, and 9 press releases were written to reach the African American community and inform families and caregivers of persons with Alzheimer's Disease about the June 2003 workshop on loss and grief.

b. Indiana University School of Medicine's I-CARE Aout AD Project:
During Years 2-3 of the Indiana grant, the Education and Information Transfer Core of the Indiana Alzheimer Disease Center, affiliated with the Indiana University School of Medicine, contracted to provide education and outreach using a variety of formats including distance learning technology and web-based information. Dr. Mary Guerriero Austrom, Director of the Education and Information Transfer Core, directed the project, working with a full time project coordinator and a biostatistician. Named the I-CARE About AD Project (Indiana Caregiver's Awareness, Recognition, and Education about Alzheimer's Disease Project) it focused on increasing the awareness of existing programs and services benefiting persons with Alzheimer's Disease, and expanding links with the Alzheimer's Associations in Indiana, the Area Agencies on Aging, county extension offices, faith-based organizations, health care providers and service agencies. It also created an infrastructure for information on Alzheimer's Disease by providing several reference books about the disease in each library in the state, and promoted and linked collaborator's websites. The project biostatistician created an evaluation database that is constantly reviewed and updated with project data. A long term goal was to publish the results of the I-CARE About AD Project.

1) Educational Sessions and Use of Higher Technology:
I-CARE About AD concentrated on using higher technology to educate the rural population, holding three videoconferences at Indiana University campuses in Bloomington, Fort Wayne, Muncie, New Albany, Richmond in 2003 and 2004. The third conference was also held at the Greenfield Public Library. A fourth videoconference has been scheduled for April 1, 2005 which will hook up all 8 campuses in the Indiana University network.

Teleconferences were held quarterly in August and November, 2003; in February, May, August and November 2004; and scheduled for February 7, 2005. Topics include: "Dealing with the Emotional Rollercoaster of Caregiving", "AD Prevention: How to Maintain Your Brain", and "An Overview of Mild Cognitive Impairment and Dementia". A total of 878 persons preregistered for the teleconferences, 542 participated in them, and 389 tapes were sent to registered participants who could not call in and participate in the teleconferences.

On site educational programs were conducted in Brookville, Laurel, Jasper, Tell City, Ellettsville, Huntington, and Hobart, and Terre Haute, Indiana. Approximately 140 persons attended these presentations on such topics as: "Understanding Aging and Alzheimer's Disease", and "Caring and Coping Through the Holidays".

2) Use of Web Based Resources:
Early in the project, I-CARE About AD launched its website at http://www.iupui.edu/~icaread. Throughout the project, new links to service providers have been added; 28 new links were added from January to June 2004 alone. The website is constantly being updated and linked to all aging programs and services for the elderly in the state, with the priority being to establish internet connections among the Alzheimer's Association sites, libraries, and other sources of Alzheimer's Disease information. A ListServ and distribution list is being created for the I-CARE About AD Project monthly email updates.

3) Creation of Information Infrastructure:

The I-CARE About AD project staff surveyed Indiana libraries about Alzheimer's Disease resources. The following publications were distributed free of charge to Indiana libraries:

- ★ *Speaking Our Minds*, by Lisa Snyder.
- ★ *Alzheimer's Early Stages*, by Daniel Kuhn.
- ★ *A Dignified Life*, by Virginia Bell and David Troxel.
- ★ *Exercise Guide and Video Tape*, by the National Institute on Aging.
- ★ *Alzheimer's Disease*: *Unraveling the Mystery*, *2002-2003*, by the National Institute on Aging.

In addition, two presentations were given at libraries in September and October 2004.

4) Formation of Collaborative Networks:

Project staff have developed collaborate efforts with the following organizations: Purdue University County Extension Program, the Alzheimer's Associations in Indiana and Kentucky, the Indiana Adult day Care Association, and the Area Agencies on Aging. Project staff worked with the Parish Nurse Board in focusing the 2004 Conference of the Parish Nurse Association of Indiana on Alzheimer's Disease. The staff also worked with the Parish Nurse program at the University of Indianapolis and the Alzheimer's Association to develop and conduct a program for the underserved urban area in downtown Indianapolis.

5) Marketing and Outreach Efforts:

To increase the scope of its statewide educational effort, I-CARE About AD Project Staff gave the following presentations:

- ★ Interview on December 9, 2003 for a segment of "Sound Medicine" on Channel WFYI, during which Dr. Austrom described the project and encouraged viewers to use the new resources at public libraries, and call collaborators such as the Area Agencies on Aging, the County Extension Officers, and the Alzheimer's Associations if they need assistance.
- ★ Presentations by Dr. Austrom at the Association for Gerontology in Higher Education Conference in Richmond, VA. Feb. 26-29, 2004; the American Society on Aging / National Council on Aging Conference, San Francisco, CA, Apr. 15, 2004; and the National Alzheimer's Association Education Conference, Philadelphia, PA, July 16-21, 2004.

Objective 5. To monitor the implementation of the grant objectives, compile data, evaluate results, produce a significant and accurate report of the results of the grant projects, and disseminate information to the appropriate agencies.

The Roeing Corporation, an information management company headquartered in Lafayette, IN., implemented the data collection and evaluation component of the ADDGS grant. Indiana also contracts with Roeing to gather statewide data for its aging programs and support its INsite database which contains information on all in-home and community based programs and services in the state. INsite is also used by Indiana case managers to maintain statistics on clients and care plans. The project manager for the Roeing Corporation's ADDGS project worked closely with AoA's ADDGS Evaluation Team to ensure that direct services project data was collected and transmitted to the Team. She also analyzed project data and prepared a final outcome report, a copy of which is located in the appendix.

a. Data Collection Activities:

The Roeing Corporation modified INsite to accommodate AAA care plans for their ADDGS clients, and allow the ADDGS grant to function as a payor for client

care plans. Each participating AAA submitted the following data to Roeing on a monthly basis to be transmitted to the Evaluation Team.

- ★ Client Intake Forms: Roeing completed the forms by hand and submitted them to the Evaluation Team to be scanned into its database.
- ★ Provider Organization Profile Forms: Roeing completed the forms by hand and submitted them to the Evaluation Team..
- ★ Service Utilization Forms: Roeing obtained the AAA data and used the web version of the Team's database to submit data.

Roeing's ADDGS Project Director transmitted this data until December 31, 2003 with the end of the AoA Evaluation Project. She continued to collect similar statistics and maintained all data files at Roeing Company for future use by AoA and BAIHS.

b. Site Visits:

The Roeing Project Drector also conducted a site visit to Area 16 which included visiting clients who were receiving video monitoring services and interviewing family members about the benefits of the project and its impact in their lives. She also visited provider sites and discovering the challenges involved in providing this service which is a pilot project and provides an innovate method of respite.

c. Final Report:

The final report of the Roeing Corporation which consists of an impact study and data analysis is included in the appendix.

II. PROBLEMS ENCOUNTERED

A. Direct Services Projects:

- ★ Area 9 reported no problems with implementing its project but that the average care plan cost for providing adult day services was high, especially for clients who needed the most expensive level of care. Also, transportation costs differed dramatically according to the county in which the client lives.
- ★ Area 13 experienced the same high costs as Area 9 but also suffered budget constraints. It had to discontinue participating in the grant despite a successful project for one year.
- ★ Area 16 and Guardian Medical Monitoring Inc. resolved the following issues:
  - a) Technical Difficulties. Installation of equipment and technical support issues had to be resolved as unique situations arose during the first year of the project. For example, an earthquake struck the Evansville area at the exact moment a technician was installing the video equipment line underneath a mobile home. Electrical storms shorted out three video monitoring systems. Alarm pads were set off when pets of clients jumped on them. Some rooms in residences of clients were found to be too dark to monitor at night without infrared cameras.
  - b) Resolution of privacy issues. The equipment used was very flexible and cameras could be adjusted to the preference of the client or caregiver, or even removed at the request of the client. All organizations participating in the project were HIPAA compliant. The privacy of clients was further protected because the monitoring technology used telephone lines and not the Internet which could be tapped into by hackers. Finally, security measures were installed in the software to prevent an invasion of privacy.
  - c) Resolution of safety issues. Deterrents such as door alarms were

installed in the event that clients wandered from their homes, or equipment failed because of electrical outages.

B. Administrative Difficulties:

- ★ Because of the emphasis on performance based contracts and a delay in the contract process, most of the contracts for the Indiana ADDGS grant ended on December 31, 2004 instead of on June 30, 2004. The contract for I.U.'s I-CARE About AD Project was not enacted until March 15, 2003 and will end in the spring of 2005 which is beyond the term of Indiana's ADDGS grant. This project will have further accomplishments that will not be reported for the grant.
- ★ Because of the delay in the contract process, Indiana had to submit a liquidation extension for its grant. With the additional time granted by AoA, the Indiana project ran for 3 1/2 years, from July 1, 2001 to December 31, 2004.

III. SIGNIFICANT EVENTS AND FINDINGS

A. Direct Services Projects:

- ★ The Indiana ADDGS grant did result in increased attendance in adult day services at the Adult Day Care of Richmond. The specialized training that the adult day services staff in Richmond and Vincennes received on the care of persons with Alzheimer's Disease should affect attendance as caregivers become aware of the improved services available to their family members with Alzheimer's Disease.
- ★ Successful models were developed at Areas 9 and 13 to provide attendance at adult day centers. Area 9, with 3 1/2 years of grant activity, reports that it is continuing to provide remaining clients with adult day service attendance through CHOICE funds, and that families were very happy with the services provided by the grant.
- ★ The video monitoring project was successful in providing much needed respite to caregivers and even saved lives due to early intervention by caregivers when they saw a medical emergency.
- ★ All of the Area Agencies on Aging involved in direct service projects emphasized person centered planning, and stressed that participation in their projects was voluntary. All of the clients were case-managed and provided with 90 day follow up visits.

B. Education Projects:

- ★ Specialized training in the care of persons with Alzheimer’s Disease was given to health and social service professionals which will impact on the quality of care given to persons with the disease.
- ★ Education was provided for the rural minority population, but it could be designed differently. There is a whole group of parameters to consider when educating this population, possibly a “Pieces of the Puzzle" training geared to minorities.
- ★ In addition to providing respite for caregivers and social interaction and activity for persons with Alzheimer's Disease, attendance at adult day services gave people time to investigate other services and programs which could be combined and used to avoid nursing home placement for their relatives. It allowed families time to get support mechanisms in place for the future.

C. Administrative Findings:

- ★ There was a huge public response to the grant announcement in press releases and articles about Indiana's ADDGS grant, demonstrating the need for funds for programs and services for persons with Alzheimer's Disease and their caregivers.
- ★ The commitment and enthusiasm of contractors for their projects was remarkable as they began working on projects before the contracts were in place.
- ★ Projects reached the target population. Area 16 enrolled 4 minority, 9 low-income and 5 rural clients in its video monitoring project. The I-CARE About AD Project worked with a Parish Nurse Program to conduct a program for the underserved urban area of downtown Indianapolis, and plans to continue this collaboration to reach more members of this population.
- ★ The Indiana ADDGS projects received national and even international recognition. Presentations are listed under Dissemination Activities.

IV. DISSEMINATION ACTIVITIES

A. Press Releases and Newspaper Articles:

- ★ FSSA Press Release, July 6, 2001. Informed Hoosiers of the $300,000 Alzheimer's Disease Demonstration Grant received by Indiana.
- ★ Associated Press Release, July 18, 2001. Announced the ADDGS grant.
- ★ Indianapolis Star, July 18, 2001. Described the ADDGS grant
- ★ The Interchange, Vol. 21, No. 8, Aug. 2001. Announced the ADDGS grant to approximately 30,000 state employees.
- ★ FSSA Press Release, Feb. 18, 2002. Informed Hoosiers of the $170,000 contract available for the statewide education project.
- ★ FSSA news media advisory bulletin, Nov. 19, 2002. Announced the visit of John Hamilton, Secretary of FSSA, to visit Area 16 and view its video monitoring project.
- ★ FSSA news media advisory bulletin, Nov. 20, 2002. Described Area 16's video monitoring project that is possibly the only one in the nation utilizing video technology to provide in-home respite for caregivers of persons with Alzheimer's Disease.
- ★ Evansville Courier and Press, Feb. 25, 2003. Described the use of video monitoring by a client who can monitor her 84 year-old mother who lives alone.
- ★ News Releases describing Area 16's video monitoring project and the 2004 IN ADDGS grant award:
    - ★ Evansville Courier and Press, July 26, 2004.
    - ★ Fort Wayne Journal Gazette, July 16, 2004
    - ★ Indianapolis Star, July 15, 2004
    - ★ Indianapolis Star, August 1, 2004

B. Publications:

- ★ **Adult Day Care of Richmond Education Project:**
    - ★ *For Those Who Care: Understanding the Intersection of Alzheimer's Disease*, *Environmental Relationships, and Person-Centered Care*. Brochure for the one-day training program developed by ADCR and Area 13, Generations.

- **Area 16's Video Monitoring Project:**
  - *Caregiver Respite Via Video Monitoring*. Leaflet prep. by SWIRCA.
  - *Guardian Medical Monitoring*. Brochure prep. by Guardian Medical Monitoring Inc. (GMM)
  - *Guardian Medical Monitoring Case Studies,* 2004. Brochure prep. by GMM.
  - *Virtually There Care*. Publicity brochure prep. by GMM.
  - *Virtually There Care: The Alzheimer's Video Monitoring Project for Early Stage Alzheimer's Related Diagnosis*. Brochure prep. by GMM.
  - *Virtually There Care Program*. Leaflet prep. by GMM.
  - *You Can Be Virtually There to Care for a Loved One*. Leaflet prep. by GMM.

- **I-CARE About AD Project:**
  - *I-CARE About AD Project Updates*. Handout prep. by I-CARE About AD Project.
  - Three Maps of Rural Outreach Efforts (*Distance Learning*, *Library Programs,* and *On-Site Educational Programs*), 2004. Prep. by the I-CARE About Ad Project.
  - *Understanding Alzheimer's Disease, the Latest Research and How to Provide Care*. Flyer and postcard prep. by the I-CARE About AD Project for its Aug.11, 2003 teleconference.

- **Indiana Association of Area Agencies on Aging Education Projects:**
  - *Activities and Interventions for Dementia*. Leaflet prep. by IAAAA Education Institute for May 20, 2003 workshop.
  - *Compassion, Connections, Care*. Program developed by the IAAAA Education Institute for the Case Management Conference, June 3-4, 2004.
  - *Do You Recognize These Signs in Someone You Care About?* Flyer prepared by IAAAA.
  - *Matters of the Heart and Mind: A Grief Workshop for African-Americans Concerned About Loss*. Leaflet prep. by IAAAA Education Institute for June 20, 2003 workshop.
  - *Memory Matters Program, PowerPoint Outline*. Prep. by Susan Wehry, M.D. for Oct. 27, 2003 training.
  - *Memory Matters, With a Little Straight Talk*. Leaflet prep. by IAAAA Education Institute for Oct. 27, 2003 training.

C. Presentations:

- **Adult Day Care of Richmond (ADCR) Project:**
  - American Society on Aging / National Council on Aging Conference, Chicago, IL.,Mar. 13-16, 2003. *Applying Aspects of the Eden Alternative to Adult Day Care - Helping To Grow Adult Day Services*. Presentation by B. Garnet, Executive Director of the ADCR.
  - National Adult Day Services Association Conference, Miami, FL., Jan. 31-Feb. 2, 2003. *Applying Aspects of the Eden Alternative*…Presentation by B. Garnet, Executive Director of the ADCR.

- **Area 16 Agency on Aging (SWIRCA) Video Monitoring Project**:
  - American Society on Aging / National Council on Aging Conference, San Francisco, CA., April 15, 2004. *Caregiver Respite Via Video Monitoring*. PowerPoint program developed by Area 16 and presented by C. Conners.
  - Fourth International Respite Conference, Orlando, FL., Sept. 16-19, 2003. Presentation by C. Conners. M. Lintreau, and S. Patrow.
  - Indiana Governor's Conference on Aging, Indpls. IN., Oct. 11, 2003. *Virtually There Care Program*. Presentation by M. Linteau, GMM.
  - National Association of Area Agencies on Aging Conference, Baltimore MD., July 14-15, 2003. Presentation by C. Conners.

- **I-CARE About AD Project:**
  - Association for Gerontology in Higher Education Annual Meeting and Educational Leadership Conference, Richmond, VA, Feb. 26-29, 2004. *A Collaborative Model of a Statewide Approach to Alzheimer Disease Education and Awareness.* Presentation by Dr. M.G. Austrom.
  - American Society on Aging / National Council on Aging Conference, San Francisco, CA, Apr. 15, 2004. *Developing a Collaborative Statewide Approach to Alzheimer's Disease Education and Awareness*. Presentation by Dr. M. G. Austrom.
  - Indiana Governor's Conference on Aging, Indpls.IN., Oct. 11, 2003. *I- CARE About Alzheimer's Disease*. Presentation by Dr. M.G. Austrom, Ph.D.
  - National Alzheimer's Association Education Conference, Philadelphia, PA., July 16-21, 2004.

V. CLOSING SUMMARY

A. Outcomes Achieved:

The Indiana ADDGS grant achieved the goals it established in its 2001 grant application:

- Attendance at adult day services increased at the Adult Day Care of Richmond by at least 10% through ADCR's outreach efforts to the community.
- The specialized training on the care of persons with Alzheimer's Disease that was provided to staff of adult day centers and health facilities should improve the quality of care given to clients.
- A significant amount of attendance time was provided to clients at adult day services through the grant, benefiting caregivers and preventing premature nursing home placement.
- The direct services and education projects benefited representatives from the targeted rural, low-income, and minority populations.
- Case management was essential to the success of direct services projects, and all of these projects involved person-centered case management.
- Faith-based coalitions, congregate meal sites, and home delivered meals featured in the education project to elderly non-mobile seniors.
- Statistics were maintained and analyzed to produce an in-depth evaluation of the projects.

The innovative video monitoring project also proved to be successful, allowing caregivers to have much-needed respite while their loved ones remained in their homes, retaining their independence and quality of life. SWIRCA now has a waiting list for the technology and even added this service for a client using another funding source as a direct result of the knowledge gained from the grant. AoA awarded Indiana its second ADDGs grant in July, 2004, and Area 16 will expand it project to include more medication dispensers, and medical monitoring using blood pressure cuffs, and height and weight measurements. Area 9 will also continue with an ADDGS project and begin its own video monitoring project, with the technical assistance of Area 16. Guardian Medical Monitoring Company is continuing to work with both AAAs, has provided in-kind funds, and is constantly improving its technology and technical assistance. One goal of the 2004-2007 Indiana ADDGS grant is to obtain approval of video monitoring as a waiver service so that more families can benefit from this method of respite.

The education projects also achieved their goals and contractors have plans to continue them beyond the grant period. The Indiana Alzheimer Disease Center's Education and Information Transfer Core and the Indiana Alzheimer's Association are committed to continuing the teleconferences and will share costs for the next quarterly teleconference. Both of these organizations are actively pursuing additional funds from other sources for future teleconferences. Roeing Company will continue its data collection and evaluation role in Indiana's second ADDGS grant. Roeing's evaluation is included in the appendix, and the entire report will be submitted to the Governor's Task Force on Alzheimer's Disease and Related Senile Dementia, and distributed to the AAAs, Alzheimer's Associations and other interested parties.

B. Lessons Learned:

- ★ Employ a project manager if your program is multi-faceted and requires the coordination of different elements. Dr. Austrom has repeatedly stressed that the project manager of the I-CARE About AD program has been one reason why it has been so successful.
- ★ Don’t be surprised by delays and problems if you are using new technology or introducing a new program into the community. Area 16 and the Guardian Medical Monitoring Inc. experienced many technical difficulties in getting the video monitoring technology installed and working in homes, and in educating people in the community about this innovated method of respite. When Area 16 introduced the project, families of clients had to be educated on the basics of using computers. Now, three years later, Area 16 has a waiting list for this service and families need less computer training.
- ★ Be cognizant that your case managers will be invaluable and crucial to the success of a direct service project. These "front line" professionals must be committed and enthusiastic about a new project, considering that it will most likely mean more work and a learning process for them. Area 16's project manager has repeatedly stressed that the new electronic monitoring project could not have been introduced into the community without the support and hard work of the case managers.
- ★ While implementing an Alzheimer's Disease education project, don't presume that everyone in your state already knows the basics about identifying the disease and caring for a person afflicted with it. Even though the news and television media appear to have saturated communities with information, there are still many ethnic communities and low-income populations that must be educated with culturally sensitive materials.

- ★ Don't be hesitant to try new projects. Before the Adult Day Care of Richmond staff went through Eden training and became certified Eden Alternative providers, this program had only been used in nursing homes, and not adult day centers. As an outgrowth of adopting the Eden Alternative, the ADCR is now pioneering an Intergenerational Program, whereby small children spend entire days at the ADCR each week.
- ★ Lastly, don't get bogged down when managing and implementing a direct services project so that you lose sight of your primary focus: persons with Alzheimer's Disease and their caregivers who will benefit so greatly from your projects. To quote Roeing's project manager: "the most important accomplishment…was being able to see first-hand how the grant dollars are being utilized and the difference it is making in people's lives".

C. Acknowledgements and Appreciation:

The generous support of the Governor's Task Force on Alzheimer's Disease and Related Senile Dementia, and the Guardian Medical Monitoring, Inc. made this grant possible for Indiana. To enable Indiana to obtain matching funds for Years 2 and 3 of the grant, the Task Force committed two years of the funds it uses each year to subsidize mini-grants. Guardian Medical Monitoring Inc. supplied equipment, staff and in-kind contributions for the entire term of the grant, and will continue its major role in Indiana's second ADDGS grant.

The state also wants to express appreciation to the following individuals who worked so diligently on the Indiana ADDGS grant:

Dr. Mary Guerriero Austrom, Project Director, I-CARE About AD Project
Carolyn Conners, Case Management Supervisor and ADDGS Project Manager, SWIRCA
Melissa Durr, Executive Director, Indiana Association of Area Agencies on Aging.
Beverly N. Garnet, R.N., Executive Director, Adult Day Care of Richmond
Diane Gooding, Regional Sales Manager, Guardian Medical Monitoring,Inc.
Teresa Hughes, ADDGS Project Manager, the Roeing Corporation
Anne N. Jacoby, Assistant Vice-President, Area 13, Generations
LaDonna Jensen, R.N. Chairperson (2003-2004), Governor's Task Force on AD/RSD
Marguerite Linteau, General Manager, Guardian Medical Monitoring, Inc.
Robert J. Patrow, Executive Director, SWIRCA
Debbie Pierson, Administration/Case Management Coordinator, Area 9
Dr. Karen M. Robinson, Chairperson (2001-2003), Governor's Task Force on AD/RSD
Tony Shepherd, Executive Director, Area 9 In-Home and Community Services Agency

VI. Appendix

A. Map of Indiana Area Agencies on Aging

B. Final Report of the Roeing Corporation

Alzheimer's Disease Demonstration Grant to States (ADDGS)

Final Report—Data and Impact Analysis

Indiana

Prepared by

Teresa G. Hughes
Roeing Corporation
2433 South Ninth Street
Lafayette, IN 47909
Phone: 765-474-5402
Email: teresa@roeing.com

January 27, 2005

Table of Contents

Abstract

Indiana's Alzheimer's Disease Demonstration Grant got underway in 2001. Funds provided by the grant were utilized through the year 2004. The goals for Indiana were to enhance the use of Adult Day Care services, to expand education, training, and outreach, and to implement the use of in-home video-surveillance of persons with Alzheimer's Disease. To that end, during the three and one-half-year period, funds were utilized for direct-care services such as Adult Day Services, electronic respite through the use of video monitoring, and case management. In additions, funds were spent on initiatives designed to educate the public on Alzheimer's-related issues and caregiver training. The purpose of this report is to describe the direct services provided through the grant, to provide details about the persons who received services as well as the amount of service provided.

Description of Methods

ADDGS-funds for direct-care services were contracted to three of Indiana's sixteen Area Agencies on Aging:

- Area 9 In-Home & Community Services Agency, which covers five rural counties in east-central Indiana. Funds were utilized for adult day care services and case management. Area 9 participated in the grant for the full three and one-half years of the grant period.
- Area 13 Generation, which covers six rural counties in west central and southern Indiana. Area 13 participated for the first year of the grant only using the funds for adult day care services.
- Area 16 Southwestern Indiana Regional Council on Aging, Inc, which covers three rural and three urban counties in southern Indiana. Area 16 participated in the grant for the full three and one-half years. Area 16 utilized the funds to provide video-monitoring equipment as well as computer equipment needed to utilize the video-monitoring systems. Other services provided were monitoring services; although, in most cases non-paid caregivers did the actual monitoring of the person with Alzheimer's disease, some cases did require paid monitoring services.

Data collection for the grant was contracted to Roeing Corporation. Roeing Corporation developed and maintains the current case management database software (INsite) already in use by the Area Agencies on Aging to manage services provided through other funding sources. Most data needed for the grant was readily available by utilizing this software. Some enhancements were made to the software to account for the peculiarities of the ADDGS funding source. The Area Agencies sent their INsite data to Roeing Corporation on a regular basis. In addition to INsite, other tools utilized to collect data were the forms required by the AoA Evaluation Team. This included Client Intake forms, Organization Profile forms, and Service Use forms. Originally, the AoA Evaluation had indicated that the data could be sent in a spreadsheet format, which was the preference of the data-collection agency. However, by the time the grant got underway, this was not acceptable. The Client Intake forms and Organization Profile forms were completed on paper and sent to the AoA Evaluation Team. The Service Use forms were entered into a web-based database.

Statistical Analysis

Consumer Profile

This section of the report describes the characteristics of the consumers who were provided direct-care services by ADDGS funds.

- Total recipients:

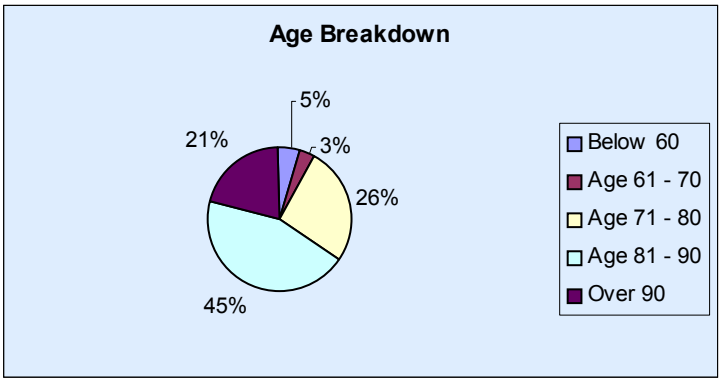
Agency	Year 1	Year 2	Year 3	Unduplicated Total
Area 9	10	9	11	16
Area 13	6	0	0	6
Area 16	7	22	31	39
	23	31	39	61

- Race/Ethnicity Breakdown

Agency	Cauc	Black	Hispanic
Area 9	16	0	0
Area 13	6	0	0
Area 16	36	3	0
	58	3	0

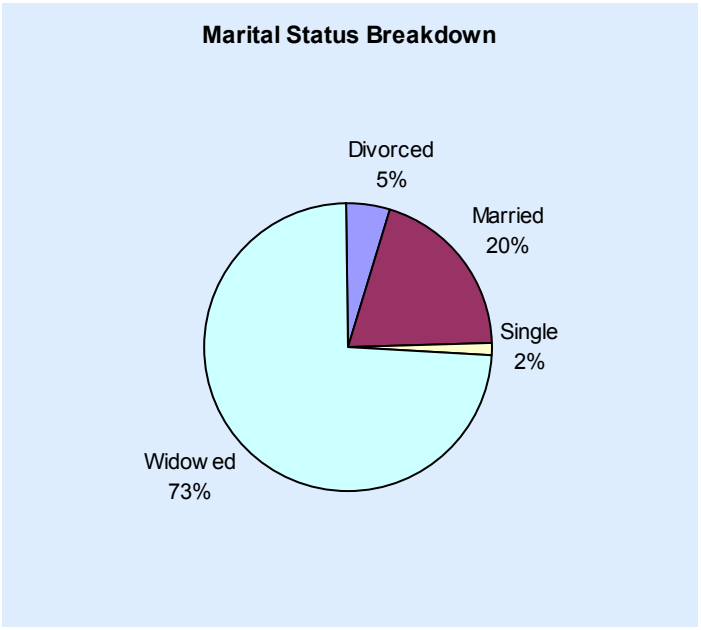
- Age Breakdown

Age Range	Total
Below 60	3
Age 61 - 70	2
Age 71 - 80	16
Age 81 - 90	27
Over 90	13
	61

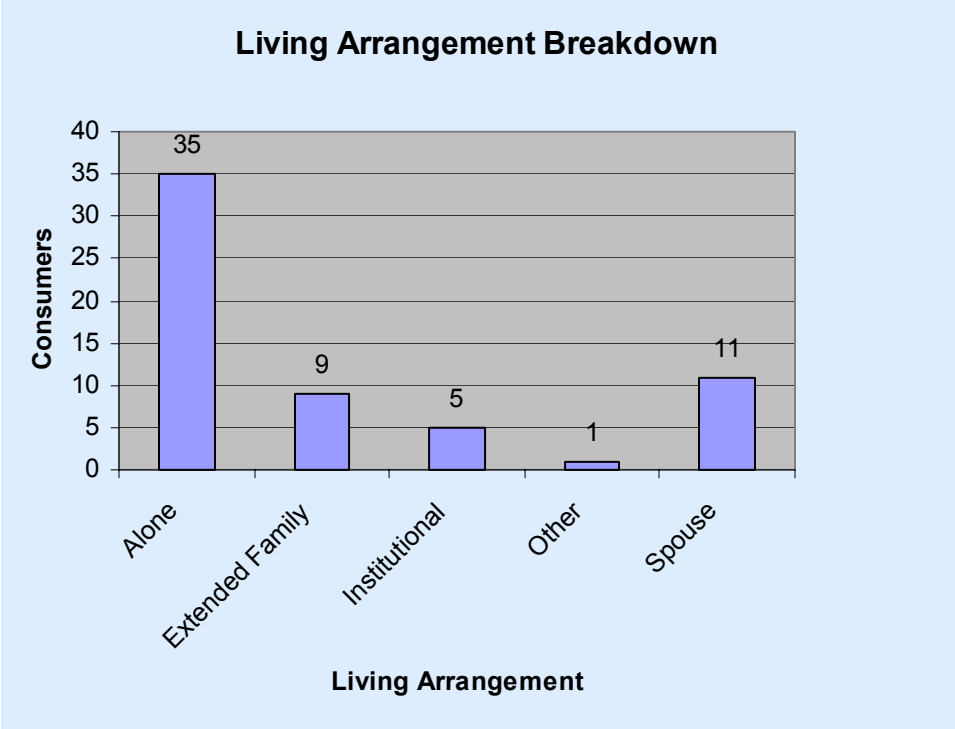


- Marital Status Breakdown

	Total
Divorced	3
Married	12
Single	1
Widowed	45

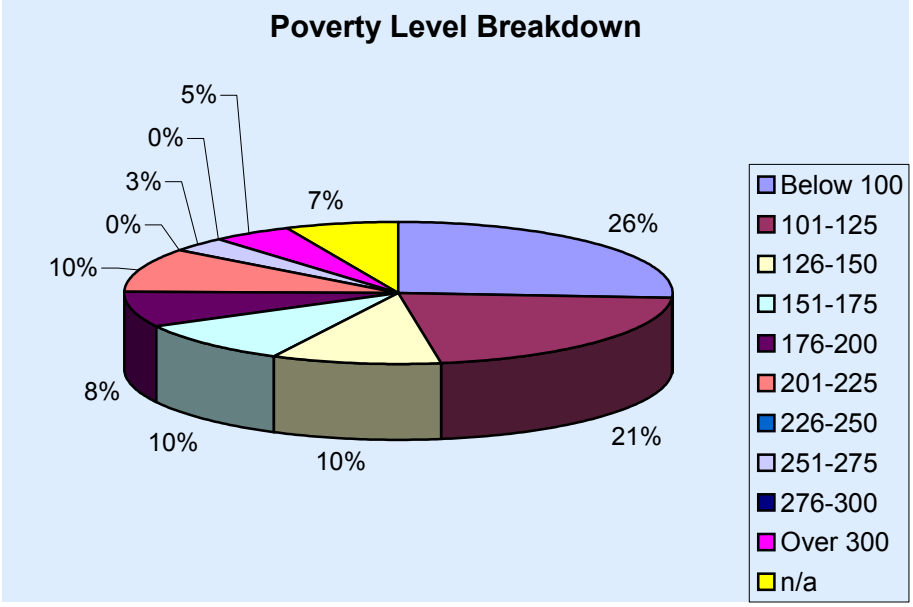


- Living Arrangement Breakdown



- Income Level

% of Poverty	Total
Below 100	16
101-125	13
126-150	6
151-175	6
176-200	5
201-225	6
226-250	0
251-275	2
276-300	0
Over 300	3
N/A	4
	61



- Diagnosis Breakdown

Primary Diagnosis	Total	Secondary Diagnosis	Total	Tertiary Diagnosis	Total
Alzheimer's Disease	24	Hypertension	7	Hypertension	6
Dementia	16	Dementia	7	Osteoporosis	3
Parkinson's Disease	2	Hearing Loss, Unspecified	3	Arthritis	3
Diabetes mellitus	2	Alzheimer's Disease	3	Osteoarthritis	3
Hip Fracture	1	Parkinson's Disease	3	CVA Late Effects Unspecified	2
Fracture of neck of femur	1	Depression	3	Alzheimer's Disease	2
Wrist Fracture	1	Coronary Artery Disease	2	Dementia	2
Knee Arthritis	1	Fracture, leg	1	Incontinence	1
Arthritis, Unspecified	1	Knee	1	GAIT (ABNORMALITY)	1
Rheumatoid Arthritis	1	Blood Pressure Elevation	1	Pre-Term	1
Shingles	1	Aphasia	1	Congestive Heart Failure	1
CVA Late Effects Unspecified	1	Weight Loss Abnormal	1	Deafness	1
Cerebral Aneurysm	1	Edema	1	Hearing Loss, Unspecified	1
Memory Disturbance Mild	1	Arthritis	1	Glaucoma	1
Bipolar Disorder	1	Decubitus Ulcer	1	Diabetes mellitus	1
Cancer - Breast malignant	1	Colostomy	1	Hypothyroidism	1
		Pneumonia	1	Cancer - Stomach Benign	1
		Arteriosclerosis	1	Other malignant neoplasm or cancer of unspecified	1
		CVA Late Effects Unspecified	1	Cancer - Mouth malignant	1
		Atrial Fibrillation	1		
		Hypertension, Benign	1		
		Menier's Syndrome	1		
		Visual Impairment	1		
		Glaucoma	1		
		Amnesia/Memory Loss	1		

Service Profile

This section of the report will describe the direct-care services provided by funds through the ADDGS as well as provide statistics showing the amount of service delivered.

I. Adult Day Service

Adult Day Services are community-based group programs designed to meet the needs of adults with impairments through individual plans of care. These structured, comprehensive, non-residential programs provide:

a. health, social, recreational, and therapeutic activities;
b. supervision;
c. support services; and
d. personal care.

Meals and/or nutritious snacks are required. The meals cannot constitute the full daily nutritional regimen. However, each meal must meet 1/3 of the daily Recommended Dietary Allowance. These services must be provided in a congregate, protective setting.

Participants attend Adult Day Services on a planned basis. A minimum of 3 hours to a maximum of 12 hours shall be allowable. The three levels of Adult Day Services are Basic, Enhanced, and Intensive.

Levels of Service

Basic Adult Day Services (Level 1) includes:

a. Monitor and/or supervise all activities of daily living (ADLs) defined as dressing, bathing, grooming, eating, walking, and toileting with hands-on assistance provided as needed.
b. Comprehensive, therapeutic activities.
c. Health assessment and intermittent monitoring of health status.
d. Monitor medication or medication administration.
e. Appropriate structure and supervision for those with mild cognitive impairment.
f. Minimum staff ratio: 1 staff for each 8 participants.

Enhanced Adult Day Services (Level 2) includes:

Level 1 service requirements must be met. Additionally:

a. Hands-on assistance with 2 or more ADLs or hands-on assistance with bathing or other personal care.
b. Health assessment with regular monitoring or intervention with health status.
c. Dispense or supervise the dispensing of medication to participants.
d. Psychosocial needs assessed and addressed, including counseling as needed for participants and caregivers.
e. Therapeutic structure, supervision, and intervention for those with mild to moderate cognitive impairments.
f. Minimum staff ratio: 1 staff for each 6 participants.

Intensive Adult Day Services (Level 3) includes:
Level 1 and Level 2 service requirements must be met. Additionally:

a. Hands-on assistance or supervision with all ADLs and personal care.
b. One or more direct health intervention(s) required.
c. Rehabilitation and restorative services, including physical therapy, speech therapy, and occupational therapy coordinated or available.
d. Therapeutic intervention to address dynamic psychosocial needs such as depression or family issues affecting care.
e. Therapeutic interventions for those with moderate to severe cognitive impairments.
f. Minimum staff ratio: 1 staff for each 4 participants.

Transportation between the individual's place of residence and the adult day health center was also provided as a component part of adult day health services.

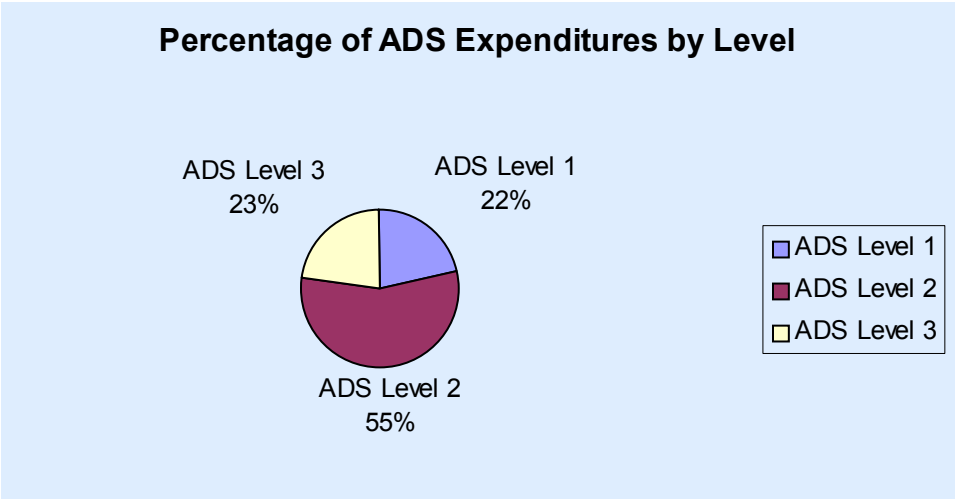
Cost of Adult Day Service:
The rate structure for Adult Day Service is as follows:

Unit of Service = ½ Day
4.99 hours and below = ½ Day
5 – 8 hours = 2 ½ days
Any time after 8 hours is billed as ¼ hour unit

	1/2 Day Rate	1/4 Hour Rate
Adult Day Service Level 1 (ADS1)	$20.90	$1.31
Adult Day Service Level 2 (ADS2)	$27.43	$1.71
Adult Day Service Level 3 (ADS3)	$32.66	$2.04

Adult Day Services Expenditures

Service	***Total Recipients***			***Total Expenditure***			***Average Cost Per Recipient***		
Agency	**Area 9**	**Area 13**	**Total**	**Area 9**	**Area 13**	**Total**	**Area 9**	**Area 13**	**Total**
ADS Level 1	5	0	5	$42,220.62	$0.00	$42,220.62	$8,444.12	$0.00	$8,444.12
ADS Level 2	12	2	14	$103,752.09	$5,019.69	$108,771.78	$8,646.01	$2,509.85	$11,155.85
ADS Level 3	3	4	7	$24,364.32	$20,151.22	$44,515.54	$8,121.44	$5,037.81	$13,159.25
Total Unduplicated	16	6	22	$170,337.03	$25,170.91	$195,507.94	$10,646.06	$1,774.34	$8,886.72



II. Attendant Care

Attendant Care was provided to assist individuals in getting ready to attend Adult Day Services.
Attendant Care services primarily involve "hands-on" assistance with physical dependency needs; however, other needs may be met under attendant care that assure safety in and connection with the community.

Cost of Attendant Care
Attendant care is billed per hour. The hourly rate utilized for the grant was $14.45 - $15.31 per hour.

Attendant Care Expenditures
Attendant Care was utilized at one agency (Area 13) for 2 recipients at a total cost of $1,603.98, an average of $801.99 per recipient.

III. Home Health Aide

Home Health Aide services were also provided to assist individuals to get ready to attend Adult Day Services.

Home Health Aide can be defined as the provision of professionally directed services as defined in the plan of care and performed by a trained home health aide in the client's home. A home health aide is under the general supervision of a registered nurse. A home health aide provides personal care such as assistance with grooming and personal hygiene. (See 410 IAC 17-1.1-11; 410 IAC 17-6-1(d) through (k); 42 CFR, Part 484.36.)

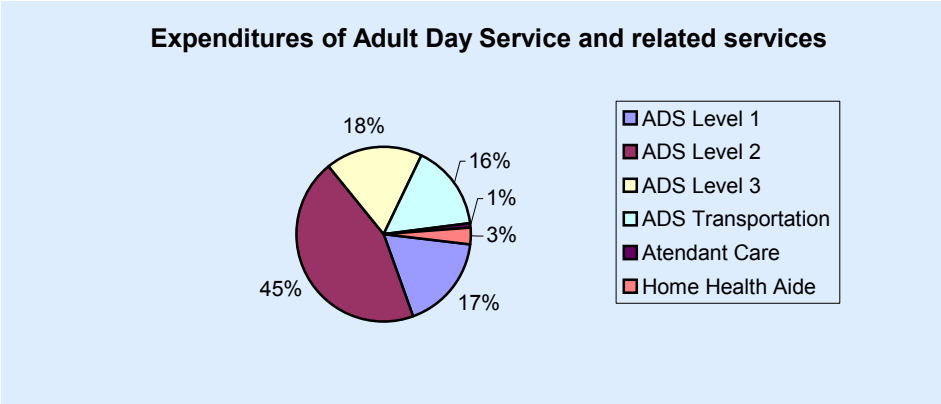
Cost of Home Health Aide
Home Health Aide is billed at an hourly rate ranging from $15 to $16 per hour.

Home Health Aide Expenditures
Home Health Aide was used at one agency (Area 9) by one client at a cost of $7,626.00.

Total Adult Day Service Costs

The total costs for Adult Day Service and related services are shown in the table below.

Service	***Total Recipients***			***Total Expenditure***			***Average Cost Per Recipient***		
Agency	**Area 9**	**Area 13**	**Total**	**Area 9**	**Area 13**	**Total**	**Area 9**	**Area 13**	**Total**
ADS Level 1	5	0	5	$42,220.62	$0.00	$42,220.62	$8,444.12	$0.00	$8,444.12
ADS Level 2	12	2	14	$103,752.09	$5,019.69	$108,771.78	$8,646.01	$2,509.85	$11,155.85
ADS Level 3	3	4	7	$24,364.32	$20,151.22	$44,515.54	$8,121.44	$5,037.81	$13,159.25
ADS Transportation	13	6	19	$37,071.85	$1,342.00	$38,413.85	$2,851.68	$223.67	$3,075.35
Attendant Care	0	2	2	$0.00	$1,603.98	$1,603.98	$0.00	$801.99	$801.99
Home Health Aide	1	0	1	$7,626.00	$0.00	$7,626.00	$7,626.00	$0.00	$7,626.00
Total Unduplicated	16	6	22	$215,034.88	$28,116.89	$243,151.77	$13,439.68	$4,686.15	$11,052.35



IV. Video Monitoring Services

Video monitoring was a service implemented with ADDGS funds. Area 16 along with partner, Guardian Medical Monitoring, pursued this option and piloted it during the grant period. It consists of cameras being strategically placed throughout the person's living environment. The camera system is hooked to a computer system that sends the video images to Guardian Medical Monitoring main office. Guardian Medical Monitoring then transmits these images over the via a secure telephone line. The person can then be remotely monitored by a caregiver who has a computer, a telephone line, and software provided by Guardian Medical Monitoring. This allows the caregivers to see what the person with Alzheimer's is doing at any time during the day without having to leave home or work.

ADDGS funds were used to pay for the evaluation and set up of the video-monitoring equipment. Guardian Medical Monitoring provided a portion of the cost of the equipment as an in-kind match. Funds were also used to pay for ancillary services such as the cost of a phone line, computer equipment, and personal emergency response systems.

Video Monitoring Expenditures
(Note regarding expenditures: information regarding video monitoring was not consistently entered into the database, so the figures for expenditures may need to be verified by other sources)

Cost planned for video monitoring, video monitoring equipment, phone lines, and computer equipment: $608,655.36.

Cost actually expended for video monitoring, video monitoring equipment, phone lines, and computer equipment: $147,750.59

V. Case Management

Case Management is defined as a variety of specific tasks and activities designed to coordinate and integrate all services required in the individual's care

plan. Case management is required in conjunction with the provision of any home care service.

Cost of Case Management

Case management is billed on a quarterly-hour basis. The cost per quarter-hour ranged from $9.21 at Area 9 and $11.45 at Area 16.

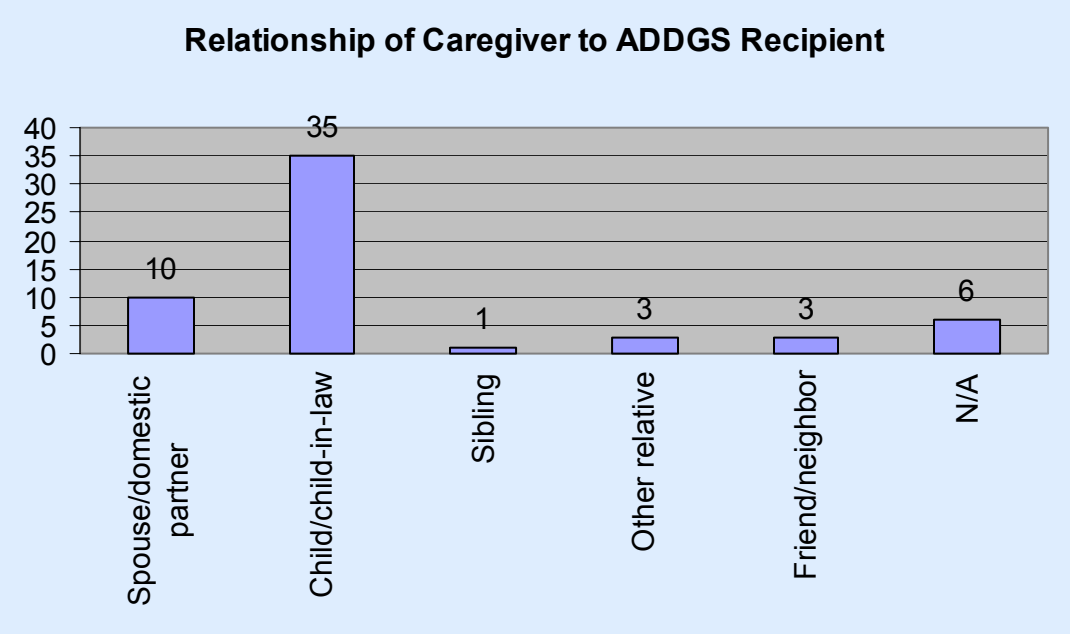
Case Management Expenditures

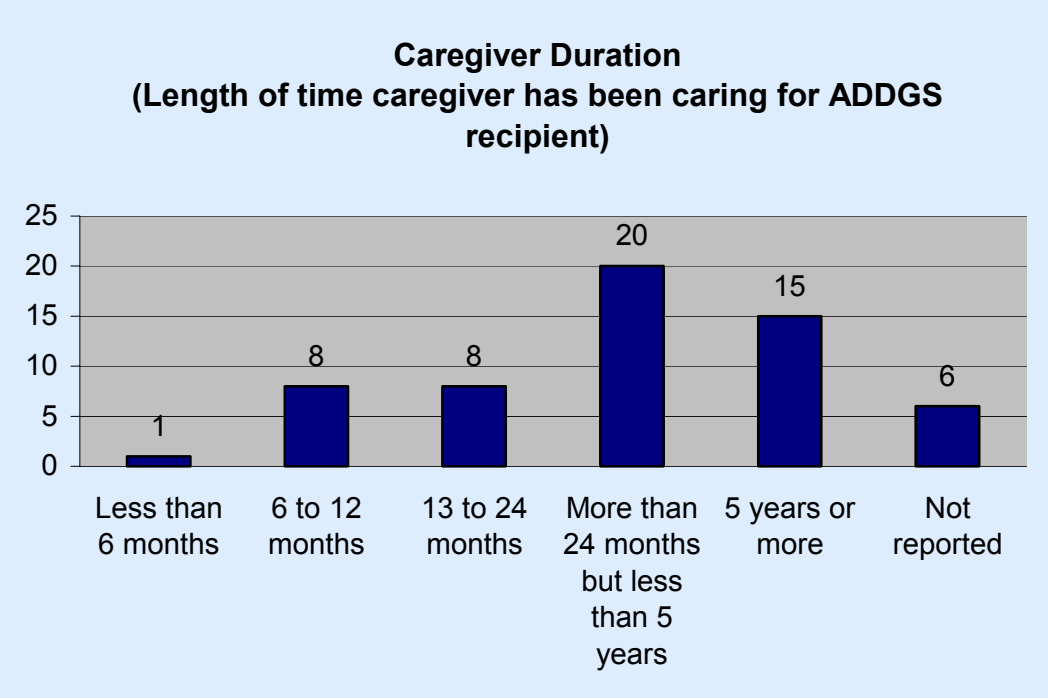
Case Management Expenditures

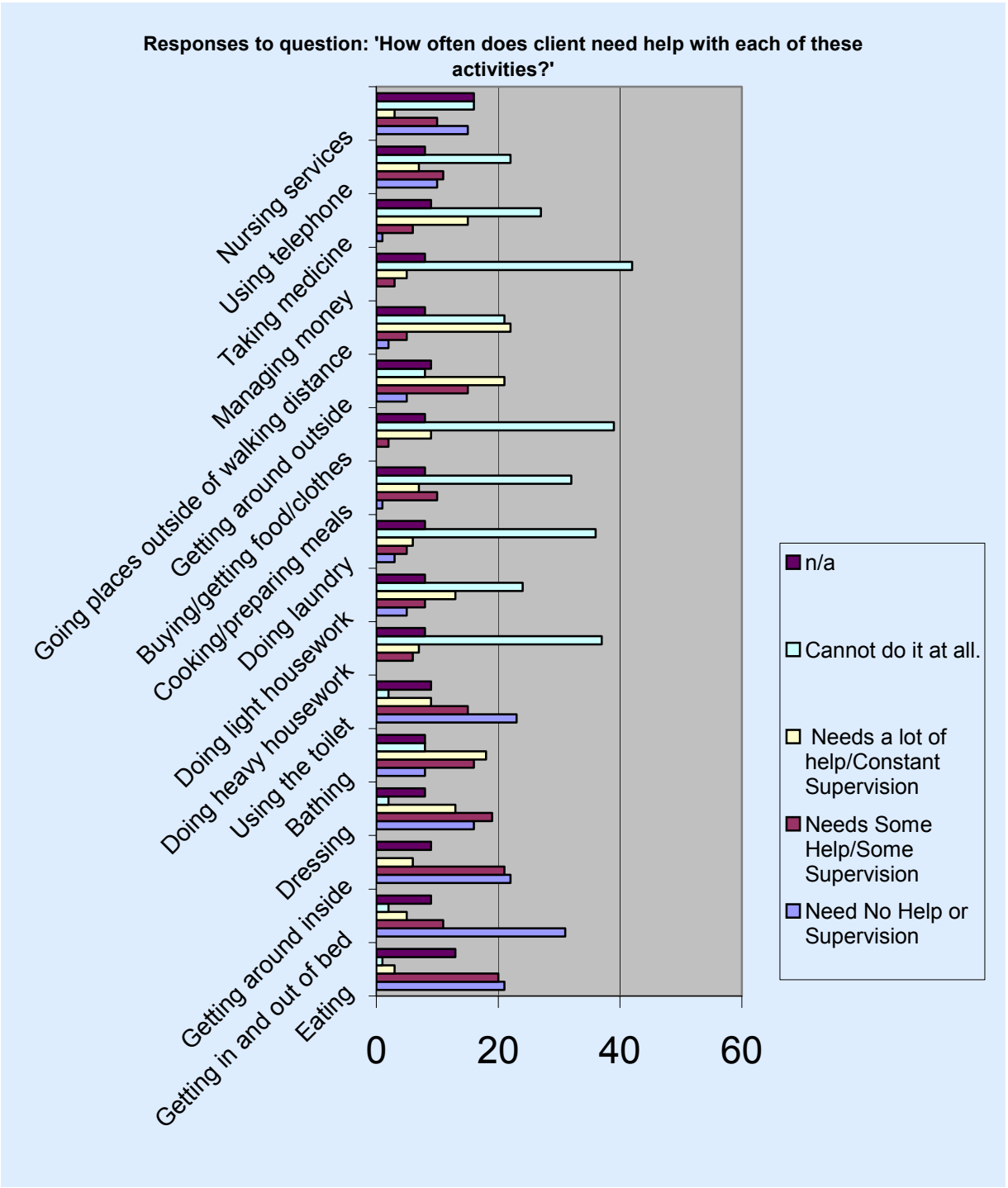
	Units	Cost/unit	Total cost
Area 9	$1,497.00	$ 9.21	$13,787.37
Area 13	-		
Area 16	2,828.00	11.45	$32,380.60
Total	$3,791.00		$46,167.97

Caregiver Profile

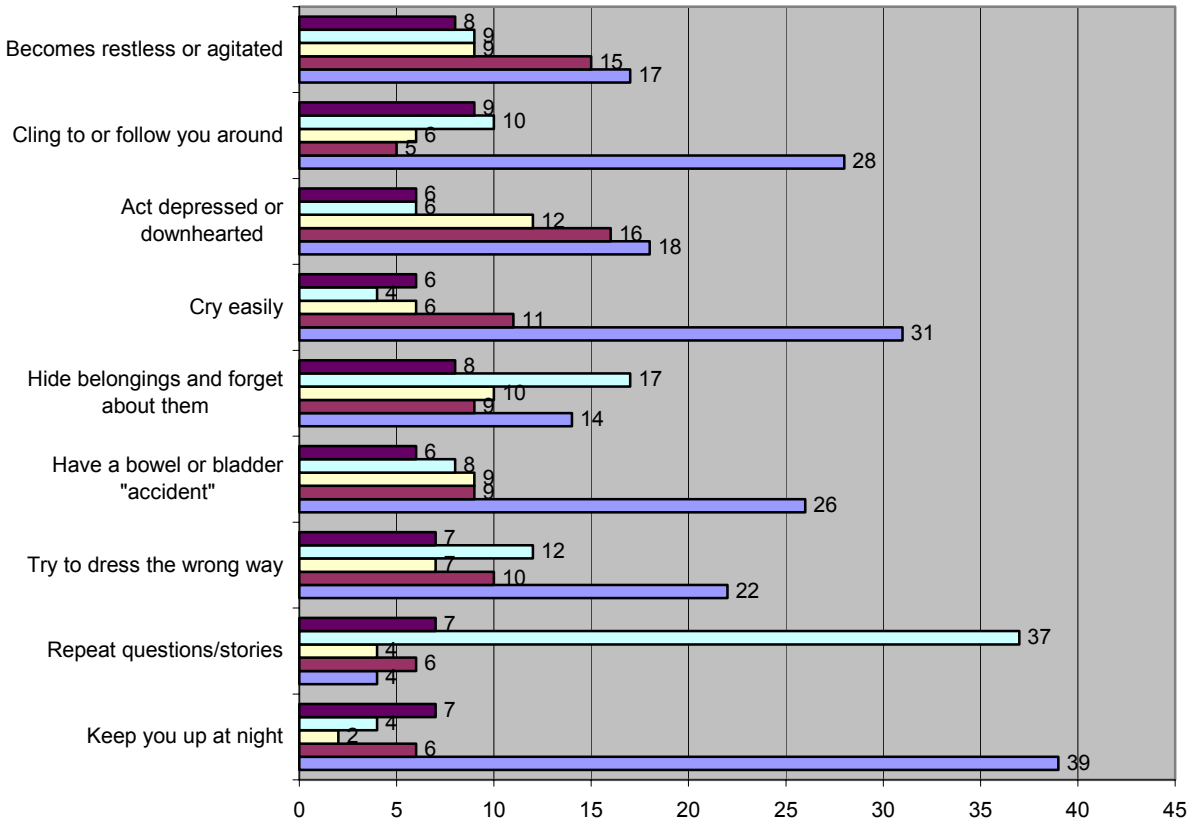
This section of the report describes information about the primary caregiver of the person receiving services through the ADDGS. The following information illustrates the caregiver's relationship to the recipient, how long the caregiver has been caring for the recipient, and responses to questions related to care giving activities.

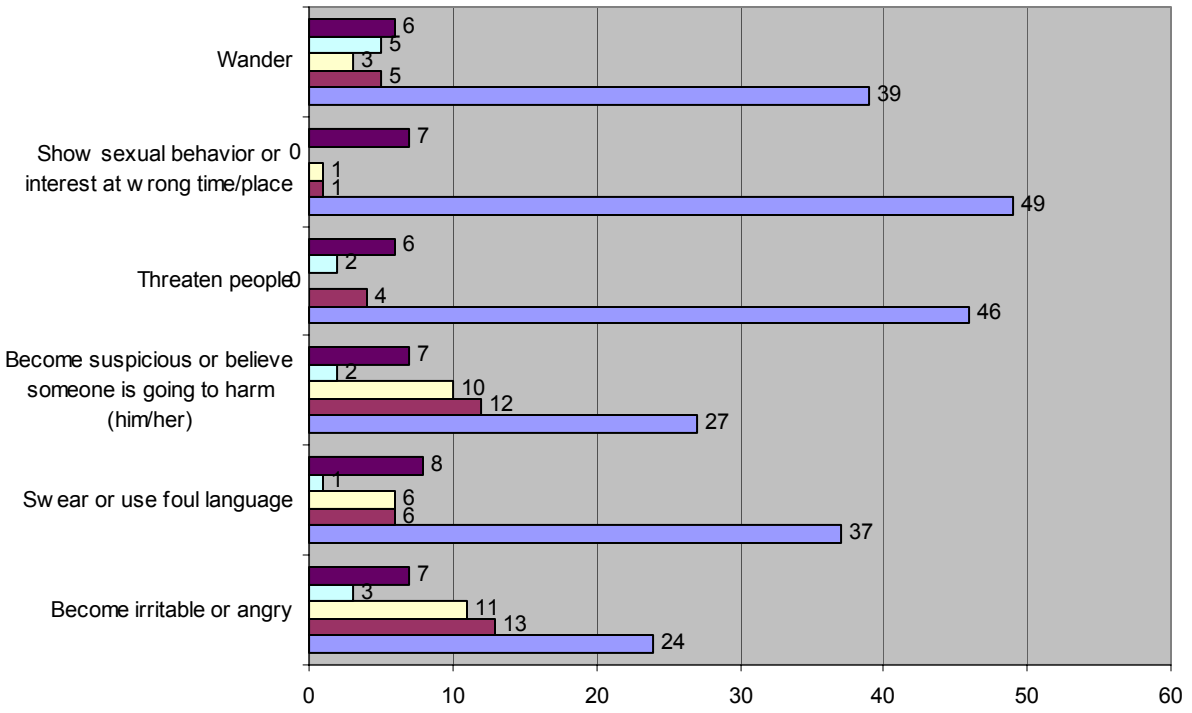




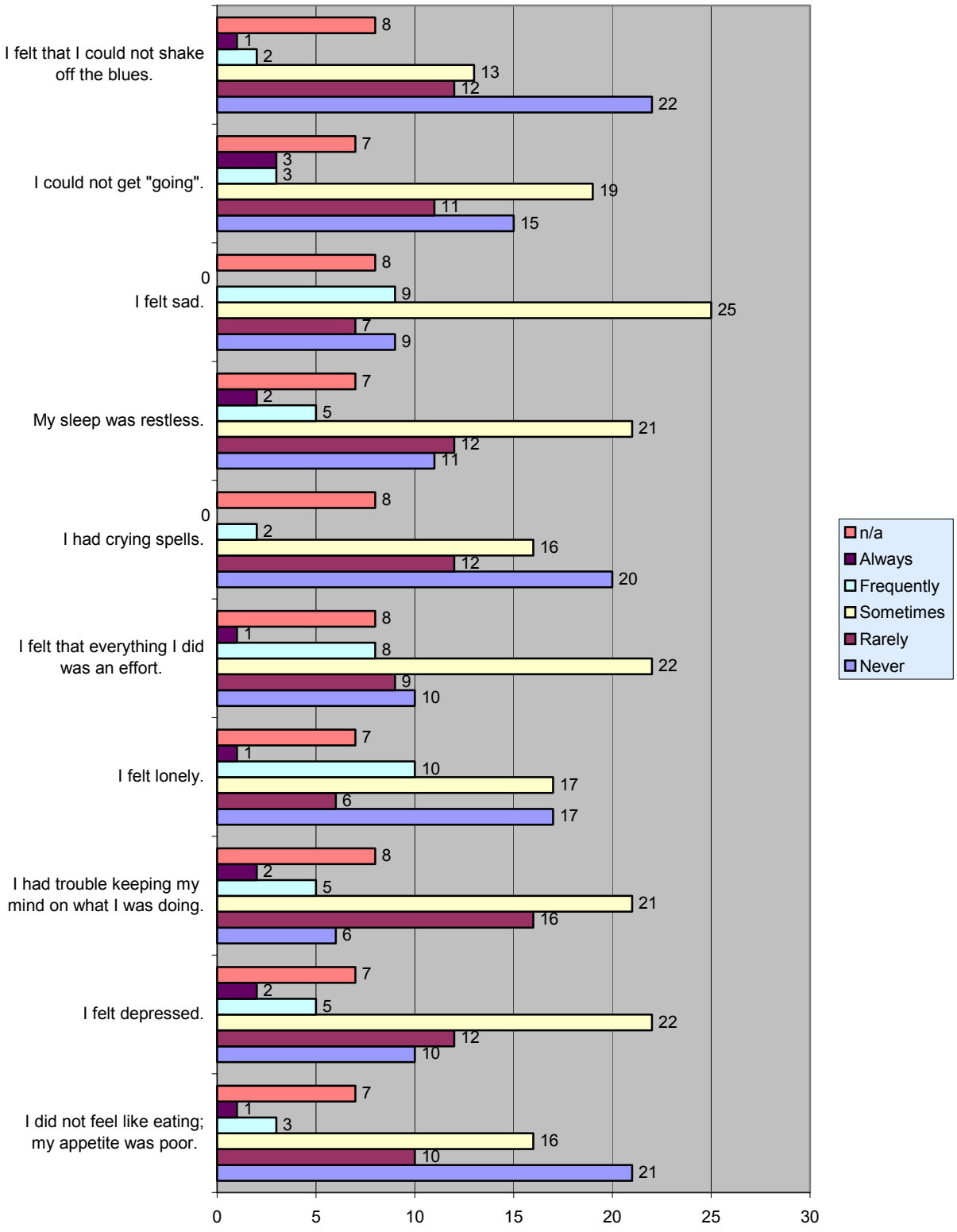

Responses to question: 'How often does client need help with each of these activities?'
Nursing services
Using telephone
Taking medicine
Managing money
Getting around outside of walking distance
Going places outside
Buying/getting food/clothes
Cooking/preparing meals
Doing laundry
Doing light housework
Doing heavy housework
Using the toilet
Bathing
Dressing
Getting around inside
Getting in and out of bed
Eating
0
20
40
60
n/a
Cannot do it at all.
Needs a lot of help/Constant Supervision
Needs Some Help/Some Supervision
Need No Help or Supervision

In the past week, on how many days did you (the caregiver) personally have to deal with the following behavior of your relative?

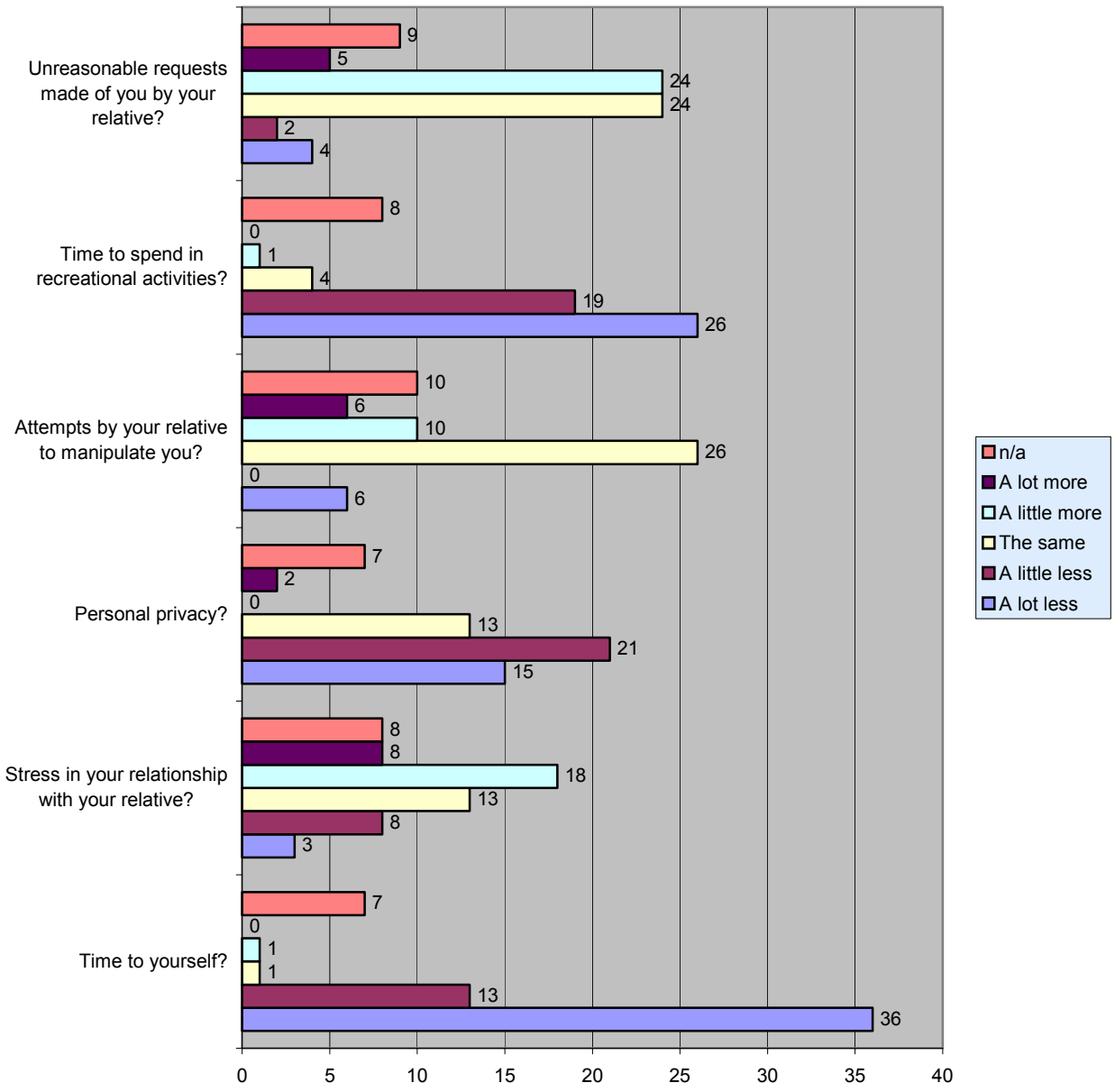




Answer distribution for the question 'How often have you felt this way during the past week?'



Answer distribution to the question 'As a result of assisting your elder, how have the following aspects of your life changed? Do you have …



On-site Visit

A representative of the data-collection agency visited Area 16 during the ADDGS period. During that on-site visit, the data-collection agency representative and an Area 16 representative made visits to four ADDGS recipients who were receiving video monitoring services through ADDGS funds. A visit was also made to an agency that was providing video monitoring services to a few of the ADDGS recipients.

Upon talking to the recipient's primary caregivers, all reported that the video monitoring service has been invaluable. They stated without exception that it has prevented placement of the recipient into a long-term care facility and has reduced the stress-level of the caregiver.

During the visit to the video-monitoring agency, usage of the equipment was demonstrated. Some of the problems encountered were illustrated such as non-payment of phone bills, which resulted in disconnection of the phone line making video monitoring impossible. Set up of cameras in strategic locations without invading the privacy of the recipient while still being able to safely monitor the recipient was illustrated. This especially came into play in the bathroom area. It was pointed out to the data-collection representative that in the bathrooms, cameras pointed to the floor areas so that if recipients fell, they could be seen but their privacy would still be maintained.

The on-site visit to Area 16 also provided a view into the problems encountered establishing this new service. Coordination between equipment installers, family members, and case managers provided a challenge. As Guardian Medical Monitoring (the company providing the video-monitoring equipment) is not a local company, equipment repair was a challenge. Another issue was recipient acceptance. Some recipients had been all set up to the point of installation of equipment, but then the recipient disconnected the equipment because of not liking to be watched. Each recipient was evaluated for the appropriateness of the service. Area 16 was able to fine tune the evaluation tool as they had more experience so that they could more successfully determine which recipient would most likely benefit from the service.

Despite the problems with implementing this service, the recipients and their caregivers found it highly beneficial. Area 16 is pursuing other funding sources for the service and there has been some interest from other agencies in the state.

Data Collection Issues

In general data collection was not difficult as most of the information was readily available in the established Case Management System (INsite). A few modifications were made to the program in order to capture the required format of the data. Each participating agency submitted their data to Roeing on a monthly basis in order for it to be submitted to the AoA Evaluation Team. There were some difficulties at this point. The original understanding was that the AoA Evaluation Team would accept the data in an Excel spreadsheet format; however, when the grant got underway, they would no longer accept this format. This resulted in having to complete forms by hand to send to the AoA Evaluation Team to scan into their database. If this had been understood from the outset, we may have been able to change the way we collected the data to account for

it. This seemed to be inefficient and resulted in delays in getting the information to the AoA Evaluation Team.

Additionally, at some point the data was no longer required to be sent to the AoA Evaluation Team; however, this was not communicated to Roeing until we tried to communicate with the AoA Evaluation Team.

Other issues were the tools used to determine 'outcomes' of the services. Some research was put into finding an 'outcomes-measurement tool' to administer to the caregivers before and after the implementation of the services; however, no good tool was found. The AoA Evaluation Team did provide a questionnaire to utilize and all caregivers answered these questions upon being enrolled as a recipient of ADDGS-funded services. However, the questionnaires were not consistently administered upon termination of grant-funded services. Because of the lack of such 'outcomes-measurement' statistics, the benefits of the grant-funded services can only be determined by anecdotal comments of caregivers. It is recommended that any future grants of this nature incorporate a quality-measurement tool.

A final issue to be addressed for future grants of this nature is the recording of data related to video monitoring. Service codes as well as accurate data entry will need to be improved in future grants.

In conclusion, participation in the grant by the data collection agency was a positive experience. The most important accomplishment was to see first-hand how the grant dollars were utilized and the difference it made in people's lives. Interviewing the families and experiencing the day-in, day-out activities made the purpose of data collection more relevant.